



VAADA and RMIT

AOD Leadership Accelerator Program

PARTICIPANT SLIDE PACK



Dr Richard Cash

Head of Service Development

Richard is a Forensic Psychologist, with extensive experience in project management. He is our expert in trauma.

Richard has worked in clinical service management, in research, policy and service development. Richard has authored clinical treatment guidelines, and developed policy resources across health, emergency services and military mental health sectors. Richard has developed innovative treatment resources in post-traumatic mental health, including digital mental health applications.



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About 360Edge

We are a leading Australian health consultancy, specialising in the alcohol and other drug, mental health and allied sectors. We provide a full suite of advisory services to help health organisations accelerate change. We work with leading international organisations, governments and not for profit agencies across Australia and internationally.

Our vision is for a community that provides the best public health policy and practice responses. Our mission is to ensure governments and services have the tools they need to respond effectively and efficiently to people who use the health system.

We are driven to make a positive impact in the world and strongly believe in social justice and human rights, and it drives all of our work. We believe that everyone has the right to the opportunities and privileges that society has to offer. We strive to reduce harms and improve lives for everyone in society.

Our values of excellence, transparency and integrity are at the core of everything we do. We live these values within the team and with our clients and collaborators.

Our team of experienced 'pracademics' take a 360 approach to viewing situations from multiple perspectives. We collaboratively and holistically work with our clients at every stage, wherever they are in the cycle of change, to achieve their goals.



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Designing effective services

VAADA leadership accelerator program

Dr Richard Cash



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- 01** How do we design effective programs?
- 02** How do models of care guide service delivery?
- 03** What are the key components of models of care?
- 04** How does evaluation contribute to program design?



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Effective program design



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Consider a program you work in

What is the intention of your program?



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So, your program has an aim...

How does your program achieve this aim?



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How do you know?



What elements or components of your program actually drive positive outcomes for service users?



How do you *know* these elements are responsible for driving positive changes?



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**What are some principles of effective
program design?**



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Program design principles

Our programs should address existing and projected community needs

Our programs should be based on best practice evidence

The design and review of programs should be collaborative and inclusive of people with lived and living experience

Programs should be designed to be evaluable



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**How are programs developed in the
first place?**



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Why do programs need a model of care?



Think about your first day in the job. What did you read to understand the program?



Imagine everyone at your work won powerball, how would the program survive a complete staff turnover?



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Bottling your “secret sauce”

The model of care



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What is a model of care?



A model of care is defined as an overarching design for the provision of a particular type of healthcare service that is shaped by a theoretical basis, evidence based practice and defined standards.

It consists of defined core elements and principles and has a framework for the structure of implementation and subsequent evaluation of care.

Davidson 2006



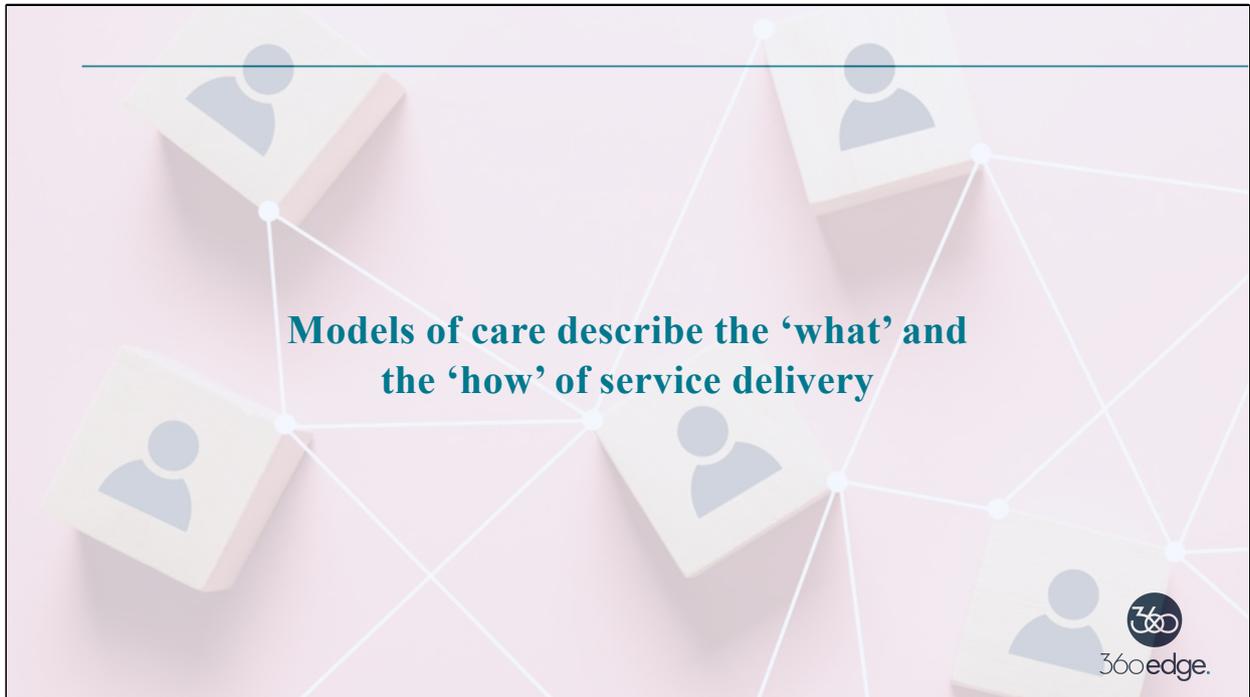
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Advantages



Practical guidance



Consistency



Accountability



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When are models of care developed?

Brand new services

A new service requires a foundational text that describes who they service, how they operate and what outcomes they want to achieve

Services that want to improve outcomes or consistency

Services that are not delivering consistent positive outcomes for service users. This often happens after a review or evaluation

Services that have evolved or grown

Services who have evolved or grown over time, such that their existing program documentation is no longer reflective of day-to-day operations

Services that lack documentation

The service's operations are not written down and rely on staff to hold important organisational practices



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How are models of care developed?



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What are the ingredients in a model of care?



Play along at home
Model of care BINGO!



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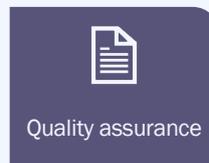
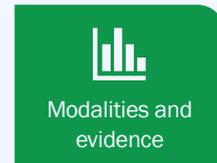
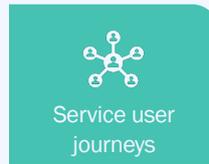
Vision	Purpose
Our vision is ...	We achieve these aims by providing ...



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Model of care bingo



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Underlying principles and frameworks

Accessible and flexible access	Non judgmental/ non stigmatising	Culturally safe and responsive	Trauma responsive	Strength based
Person centered	Holistic	Evidence based	Stepped care	Community/ family inclusive
Peer/lived experience inclusive	Assertive engagement	Relapse prevention / aftercare	Modified therapeutic community	Early intervention (education, awareness)



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Practice principles should be defined

As an example:

We are a “no wrong door” service

This means we work to reduce barriers to people using the service. We work with service users to determine the most appropriate type and level of support. We either provide that support or actively assist people to access it elsewhere



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Therapeutic modalities define the scope of practice

Peer support
Assertive engagement
Biopsychosocial assessment and treatment planning
Motivational interviewing
Brief interventions
Psychoeducation
Family sensitive practice
Harm reduction
Trauma informed practice
Cognitive behavioural therapy
Relapse prevention

Secondary consultation



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Treatment modalities should have evidence of effectiveness



1:1 Therapies - good quality evidence



Groups - good quality evidence



Social prescribing - limited evidence



Case management (as part of shared care) - good quality evidence



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Mapping service user experiences



Draw your service user journey diagram

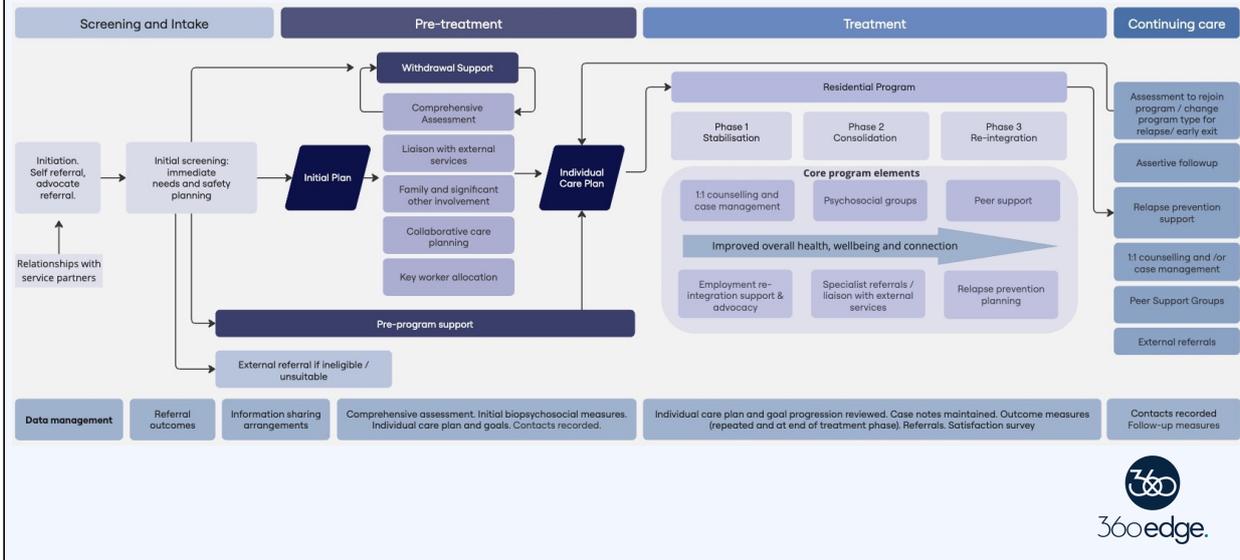


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Example service user journey



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Ok, we know what you do and how you do it...

Why is it so important to monitor the outcomes of our work?



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Remember the intention/aim of your program...



How do you know that your program actually delivers?

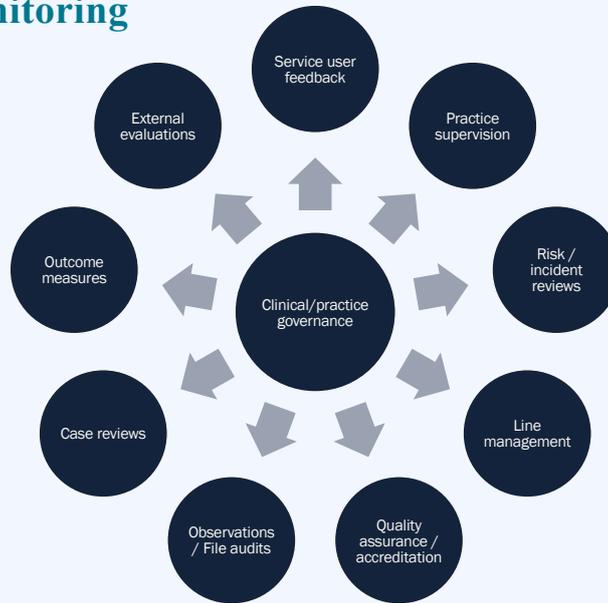


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Program monitoring



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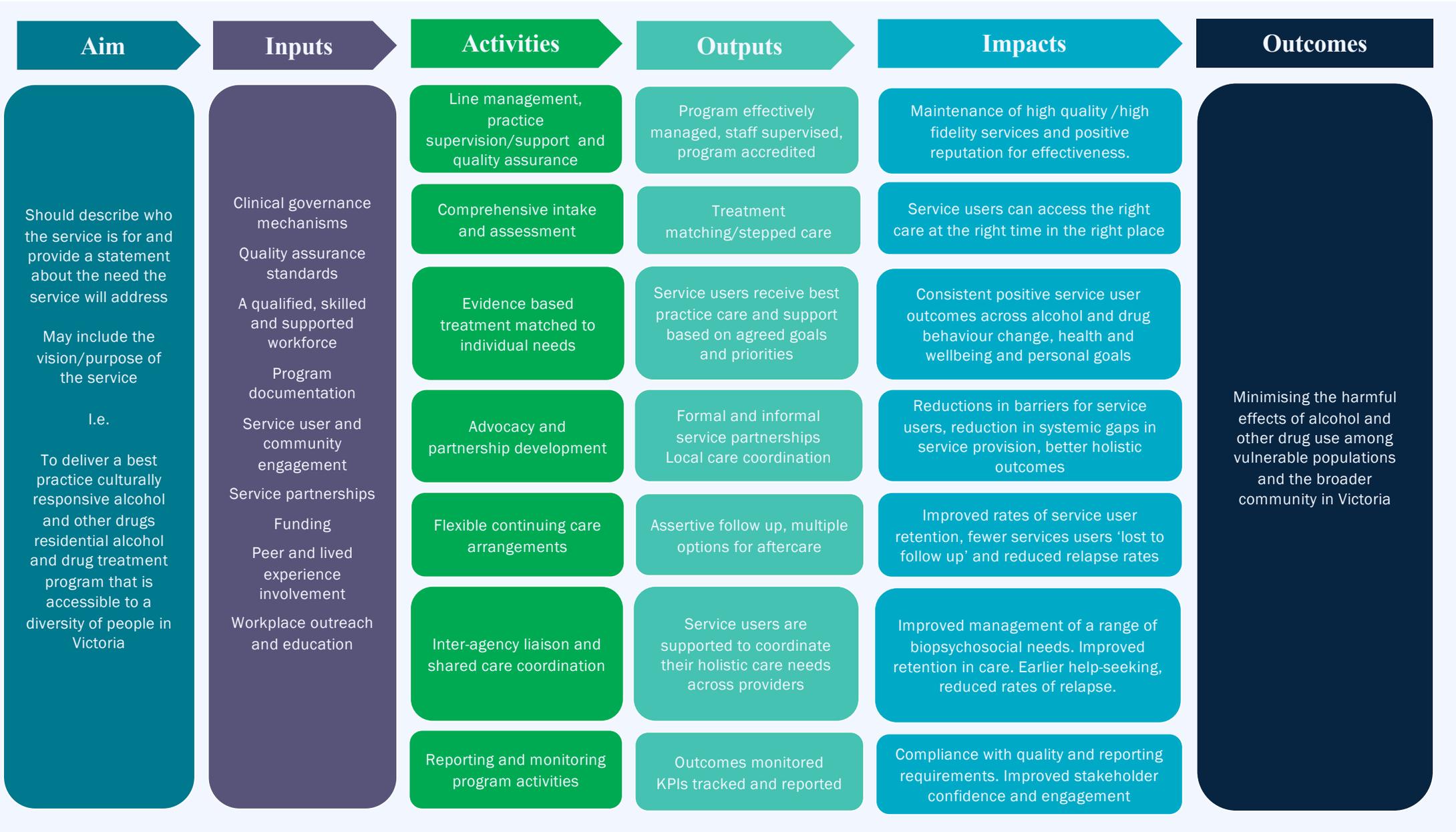
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Seeing the big picture

Program logic models





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As emerging leaders...



What would you prioritise for service development?



How can you represent the true value and worth of your program?



How can service development expertise boost your CV?



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